

**Officer Wellness during a Global Pandemic:
Long Term Recommendations for Police Leaders as they
Navigate the Aftermath of COVID-19**

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Introduction

At the time of the writing of this paper, the morning of April 2nd, 2020, nearly 1 million people globally have tested positive for the novel coronavirus, Covid-19, and nearly 50,000 have died¹. Nationally, more than 200,000 have tested positive and more than 5000 have died². Those figures are certain to grow as health experts anticipate millions of Americans will contract the virus and more than 100,000 will likely die due to exposure.

The law enforcement community is not immune to the spread of this illness. In fact, due to the nature of police work, specifically the need for officers to violate national guidelines on social distancing to carry out their critical functions, members of law enforcement are likely at higher risk of exposure than many others in the public, save for front-line medical staff. As of Tuesday, March 31st, the NYPD reported that nearly 1,200 sworn officers and non-sworn staff had tested positive for the virus³. A total of more than 5,500 officers had called in sick, about 15% of all staff⁴. Cedrick Dixon, a Detective with the NYPD, is the first officer believed to have died due to exposure to COVID-19⁵.

Sadly, more members of the law enforcement community will die, many as a direct result of contracting the virus in the course of serving their communities. This tragedy is a reminder of the sacrifices officers make in service. Painfully, the cost of this global pandemic on the law enforcement community will not stop at the direct loss of officer lives. Based on medical professionals' experiences with other illnesses like SARS, there is some indication that those who contract this illness and survive may still have longer lasting health complications,

¹ <https://www.worldometers.info/coronavirus/>

² <https://www.worldometers.info/coronavirus/>

³ <https://abc7ny.com/nypd-coronavirus-deaths-nyc-news/6065991/>

⁴ <https://abc7ny.com/nypd-coronavirus-deaths-nyc-news/6065991/>

⁵ <https://www.buzzfeednews.com/article/olivianiland/nypd-detective-administrative-assistant-coronavirus-victim>

particularly with their respiration⁶. While this suggestion will require additional time and evidence to prove, the lasting emotional and psychological toll of the pandemic on the law enforcement community is certain as more officers become ill and others come face-to-face with the human toll of the disease. The issue of officer wellness will never be more important than in the coming months.

Officer Wellness, the Impacts of Trauma and its Consequences on Officers

At baseline, even in the absence of a global pandemic, the field of law enforcement is one with serious challenges to mental and emotional health. Research finds specifically that police are exposed to tremendous amounts of stress and suffer high rates of anxiety and depression. These health issues directly impact officers professionally and personally, as evidenced by high rates of burnout and job turnover and higher rates of alcohol abuse, divorce and suicide when compared to others outside of the profession. Stress has also been linked to heart disease, and is believed to be the reason why officers live shorter lives than non-police officers by several years⁷.

Research on exposure to traumatic incidents experienced by individual officers finds that police have high rates of post-traumatic stress disorder (PTSD) which impacts a range of health outcomes for officers, including suicide. Organization-wide traumatic incidents, like community responses to high profile shootings or the death of police officers, also impact officer health. The scope and breadth of the COVID-19 pandemic suggests that these types of trauma, and a level of resulting PTSD, will likely be felt by large portions of the approximately 20,000 national law enforcement agencies and more than 750,000 officers that work within them. These figures do not include non-sworn supportive staff within the law enforcement community, who will also be impacted, nor the families of sworn and non-sworn officers who will experience this trauma

⁶ <https://abcnews.go.com/Health/coronavirus-long-term-effects/story?id=69811566>

⁷ For a review of these health consequences in police work, see Tanigoshi, Kontos, and Remley (2008).

through their relationships. The impacts of this pandemic will likely reverberate within police departments and larger communities of all sizes for the next several years.

Recommendations for Police Leaders

More than ever the field of law enforcement requires wellness interventions for its officers as they attempt to cope with the coronavirus crisis and its fallout. Regrettably, few interventions in this space have seen rigorous evaluations for effectiveness and fewer still have been shown to improve officer wellness⁸. Painfully, this means that many police leaders will be unable to reach into a pool of evidence based practices and pull out the one that best fits their department. These leaders will need to think carefully about theory and research to determine how best to fit interventions into their departments. This section will attempt to outline a number of promising wellness interventions that law enforcement leaders should consider for their staffs. Next it will then discuss some of the hurdles wellness interventions have faced that department leaders should take seriously to maximize their effectiveness.

First and foremost, departments should broaden access to counseling for sworn and non-sworn members of staff. Exposure to stress and trauma are common in policing, and will be heightened in the coming months as more officers are exposed and members of law enforcement encounter the human toll the pandemic takes on their communities. Research suggests that counseling can be an effective tool for managing these wellness issues⁹. Departments should consider the feasibility of instituting policies that mandate officers to speak with counselors, or broaden existing policies in consultation with existing psychological staff within departments.

⁸ This comes from a meta-analysis of wellness interventions in policing done by Patterson, Chung and Swan (2012)

⁹ For a review of one type of counseling, solution focused brief therapy, see work by see Gingerich and Eisengart (2004)

Second, managing officer wellness will require strong and active leadership, both rhetorically within departments and in organizing and driving interventions to their intended effect. Often interventions are found to be ineffective because they are disorganized, poorly carried out, and not structured in ways that are intuitive or based on best practice. Research suggests that direct, active and engaged leadership can help steer interventions toward success.

The area where leadership can have the most impact in regards to wellness specifically is in creating a culture of acceptance for officers who experience mental and emotional health issues due to stress and trauma. Many wellness interventions that have failed to work with police reference issues of culture and stigma that lead officers to turn away from help. There is perhaps some hope that the scale of this health crisis, in both its physical and psychological toll, will reduce the stigma around mental health in policing, but law enforcement leaders should still take this barrier seriously. Police leaders can challenge that culture directly, and can do several things to help. First, police leaders should consider engaging with a mental health counselor personally, by engaging in therapy sessions with the department psychologist, and speaking openly about the process to set an example for members of their department. Police leaders should also be in direct communication with line-level staff, every week or several times a week, to communicate an understanding of the mental and emotional toll that the crisis is having on line-level staff. These can come in the form of emails from command staff, speaking with officers during roll call, or focus groups and listening sessions facilitated by police leaders regarding mental health.

Third, understanding stress, trauma and how to effectively intervene is of critical importance, particularly because of the lack of evidence based practices for law enforcement wellness. This issue has become particularly salient as law enforcement navigates a global

pandemic. With this in mind, the final recommendation of this working paper is perhaps most important: *Quality research on officer wellness has become absolutely critical* and will continue to be in the coming months and years as departments navigate this crisis and its aftermath. This research should be two pronged. First, it must work to broaden our understanding of officer wellness, its sources and consequences on officers, departments and the communities they serve. Second, it must rigorously evaluate the effectiveness of interventions designed to improve officer wellness. These evaluations can often feel burdensome and time consuming, but considering the recent history of wellness interventions found ineffective, departments can ill afford to waste time providing officers something that will not work, lest the full toll of exposure to trauma will fall upon members of the law enforcement community in the coming months.

References

- Gingerich, W. and Eisengart, S. (2004). Solution-focused brief therapy: A review of the outcome research. *Family Process*, 39(4), 477-498.
- Patterson, G., Chung, I. & Swan, P. (2012). The effects of stress management interventions among police officers and recruits. *Campbell Systematic Reviews*, 7.
- Tanigoshi, H., Kontos, A., & Remley, T. (2008). The effectiveness of individual wellness counseling on the wellness of law enforcement officers. *Journal of Counseling and Development: JCD*, 86(1), 64-74.